Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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2021 SEP 28	TO AN AND THE	Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622	STATE LORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMERALD HOLLYWOOD OWNER LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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September 28, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMERALD HOLLYWOOD OWNER LLC ONE STATE STREET 32ND FLOOR NEW YORK, NY 10004

SUBJECT: EMERALD HOLLYWOOD OWNER LLC

REF: M21000008209

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt Regulatory Specialist III FAX Aud. #: H21000360975 Letter Number: 921A00023451

Leslie Sellers

faxfinder@capitolservices.com From:

Monday, September 27, 2021 2:36 PM Sent:

Leslie Sellers To:

FaxFinder Fax Notification: Successfully sent fax to 850-617-6383 Subject: fax_outbound_850-617-6383_20210927_133536_000050CF-0000.pdf Attachments:

Create Time: 09/27/2021 01:33:32 PM Schedule Time: 09/27/2021 01:35:36 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Leslle Sellers

Sender email: Isellers@capitolservices.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org:

Capitol Services, Inc. Subject: H21000360975

Max tries: 5 Try interval: 600 Priority: 3 Pages: 5

Recipient fax: 850-617-6383

Recipient phone: Recipient name: Recipient org: FL SOS Use cover page: true Receipt: always Print receipt: never Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida Department of
State: EMERALD HOLLYWOOD OWNER LLC	
Enter new principal office address, if applicable:	NZY SEF
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	SSEE.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 1: 54 FLORIDA
2. The Florida document number of this limited lial	bility company is: M21000008209
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 6/28/	2021
SECTION II (5-9 complete only the applicable of	changes)
5. New name of the limited liability company: (must	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name c." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	Name	Address	Type of Action
MGR	Emerald Hollywood Manager LLC	Once State Street, 32nd Floor	⊟Add
		New York, NY 10004	□Remov
MGR	Abraham Fruchthandler	Once State Street, 32nd Floor	
		New York, NY 10004	■Remov
MEM 	Marble Hall Company, L.P.	Once State Street, 32nd Floor	
		New York, NY 10004	■Remov
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aforemention	a certificate, if required: no more than 9 ned amendment(s), duly authenticated b under the law of which this entity is org:	y the official having custody of records it	
	/s/Neil SimonSignature o	f the authorized representative	2021 SEP 27 SEGRETARY ALLAHASSE
	Neil Simon		27 PM RY OF SSEE, F

Filing Fee: \$25.00